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**TELEFAX****Date:** February 17, 2006**Total pages:** 18 including cover**To:** US PTO**Telephone:****Telefax:** 571-273-8300**From:** Patrea Pabst**Telephone:** 404-879-2151**Telefax:** (404) 879-2160**Our Docket No.** BU MAT 1993-04f  
DIV3CON2**Client/Matter No.** 077042/35**Your Docket No.**

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**MESSAGE:****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicants:** Edith Mathiowitz, et al.**Serial No.:** 10/663,265**Group Art Unit:** 1633**Filed:** September 16, 2003**Examiner:** Maria Gomez Leavitt**For:** *Polymeric Gene Delivery System***Attachments:**

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/17

Power of Attorney

Change of Correspondence Address (Application) PTO/SB/122

Declaration Under 37 CFR 1.131 and

Amendment and Response to Office Action

(450645(1.1))

FEB 17 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/663,265
	Filing Date	September 16, 2003
	First Named Inventor	Edith Mathiowitz
	Art Unit	1633
	Examiner Name	Maria Gomez Leavitt
	Attorney Docket Number	BU MAT 1993-04f DIV3CON2
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Declaration Under 37 CFR 1.131</b>
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	February 17, 2006	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Patrea L. Pabst	Date	February 17, 2006

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PTO/SB/17 (12-04)

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Effective on 12/01/2004  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 0.00

**Complete If Known**

Application Number	10/663,265
Filing Date	September 16, 2003
First Named Inventor	Edith Mathiowitz
Examiner Name	Maria Gomez Leavitt
Art Unit	1633
Attorney Docket No.	BU MAT1993-04fDIV3CON2

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	300	180

**Total Claims** 15 - 20 or HP = 0 x 50 = 0 Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** 2 - 3 or HP = 0 x 200 = 0 Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>150</u>	<u>50</u>	<u>1</u>	<u>250</u>	<u>250</u>

**4. OTHER FEES(S)**

Non-English Specification: \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	<u>31,284</u>	Telephone	<u>(404) 879-2151</u>
Name (Print/Type)	<u>Patrea L. Pabst</u>	Date	<u>February 17, 2006</u>		

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